

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	Acrobat PDFWriter
Run by	CWMS
Report Date	15-AUG-01 06:58

## Crosswalk Report

CWMS

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Status : FN Substance Abuse and Mental Health Services Administration

Media ID : TR-209,211

Office of Applied Studies

Start Date : 01-SEP-90

End Date :

Follow-up :

New York's Treatment Episode Data Set

Version : 1

K = Key Field

**System**

New York

Item

Item

No. Treatment Episode Data Set

Value

State System Data

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<b>1</b>	<b>System Transaction Type</b>	<b>-</b>	<b>System Transaction Type Added To Each Record</b>
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<b>K 2</b>	<b>State Code</b>	<b>NY</b>	<b>FIPS Code Added To Each Record</b>
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<b>3</b>	<b>Reporting Date</b>	<b>-</b>	<b>Month and Year of Submission Added To Each Record</b>
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New York's Treatment Episode Data Set  
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**Minimum**

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**K 1      Provider ID**

-

-

**K 2      Client ID**

-

**Client ID Number**

**K 3      Co-Dependent/Collateral at Admission**

-

**Co-Dependent/Collateral Data Not Collected**

2      No

2      No

**K 4      Client Transaction Type**

**06**

**Transaction Type**

A      Initial Admission

1      Admission For Treatment In Facility

T      Transfer/Change in Service

2      Transfer From Another Unit Within Facility

**K 5      Date of Admission**

**05**

**Admission Date**

**6      Number of Prior Treatments**

**26**

**Number Of Prior Treatment Episodes**

0      0

0      0

1      1

1      1

2      2

2      2

3      3

3      3

4      4

4      4

5      Or More

5      5+

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## New York's Treatment Episode Data Set Version : 1

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7	Principal Source of Referral	11	Principal Referral Source
02	Alcohol/Drug Abuse Provider	01	Acute Care Detox
03	Other Health Care Provider	02	Crisis Centers/Rural Emerg Room
02	Alcohol/Drug Abuse Provider	03	State Operated Alcohol Inpatient Rehab
02	Alcohol/Drug Abuse Provider	04	Other Inpatient Rehab/Primary Care
02	Alcohol/Drug Abuse Provider	05	Drug Free Res Treatment
02	Alcohol/Drug Abuse Provider	06	Res Chem Dep Youth Short Term
02	Alcohol/Drug Abuse Provider	07	Res Chem Dep Youth Long Term
02	Alcohol/Drug Abuse Provider	08	Community Residence
02	Alcohol/Drug Abuse Provider	09	Inpatient/Residential
02	Alcohol/Drug Abuse Provider	10	Alcohol Outpatient Clinic
02	Alcohol/Drug Abuse Provider	11	Alcohol Outpatient Rehab
02	Alcohol/Drug Abuse Provider	12	Methadone Maint
02	Alcohol/Drug Abuse Provider	13	Drug Free Ambulatory
02	Alcohol/Drug Abuse Provider	14	Outpatient Detox
02	Alcohol/Drug Abuse Provider	15	Outpatient Type Known
06	Other Community Referral	16	Community Ed and Intervention
06	Other Community Referral	17	Youth Ed and Intervention (Non SAP)
04	School (education)	18	Student Assist/School
03	Other Health Care Provider	19	Hospital and Health Care Intervention
05	Employer/EAP	20	Occupational/EAP
06	Other Community Referral	21	Other Prevention/Intervention
07	Court/Criminal Justice/DUI/DWI	22	Drinking Driver Referral
07	Court/Criminal Justice/DUI/DWI	23	Police
07	Court/Criminal Justice/DUI/DWI	24	Family Court/Probation
07	Court/Criminal Justice/DUI/DWI	25	Other Court/Probation
07	Court/Criminal Justice/DUI/DWI	26	County Jails
07	Court/Criminal Justice/DUI/DWI	27	NYS Department of Correctional
07	Court/Criminal Justice/DUI/DWI	28	NYS Div of Parole
06	Other Community Referral	29	Developmental Disability
03	Other Health Care Provider	30	Mental Health Provider
03	Other Health Care Provider	31	Health Care Provider
06	Other Community Referral	32	Social Services Provider

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## New York's Treatment Episode Data Set Version : 1

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No.	Treatment Episode Data Set	Item	Value	State System Data
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7	Principal Source of Referral	11	Principal Referral Source
05	Employer/EAP	33	Employer/Union (Non EAP)
04	School (education)	34	School (Other Than Prev Program)
01	Individual (self)	35	Self Referral
06	Other Community Referral	36	Homeless (Mobile Shelter)
06	Other Community Referral	37	Child Protective Services
01	Individual (self)	38	Family Members, Friends, Other Individuals
06	Other Community Referral	39	AA/NA and Other Self Help
06	Other Community Referral	40	AIDS Related Services
97	Unknown	98	Other

8	Date of Birth	-	Date Of Birth
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9	Sex	-	Sex
1	Male	1	Male
2	Female	2	Female

10	Race	08	Race
01	Alaskan Native	1	Alaskan Native
02	American Indian	2	Native American
03	Asian or Pacific Islander	3	Asian or Pacific Islander
04	Black	4	Black
05	White	5	White
20	Other	6	Other
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		

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## New York's Treatment Episode Data Set Version : 1

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### 11 Ethnicity

09

### Hispanic Origin

01 Puerto Rican

1 Puerto Rican

02 Mexican

2 Mexican

03 Cuban

3 Cuban

04 Other Hispanic

4 Other Hispanic

05 Not of Hispanic Origin

5 Not of Hispanic Origin

### 12 Education

12

### Highest Grade Completed

01- Highest School Grade in Number  
25 of Years (12=GED)

00-11 Grade Completed

00 Less Than One Grade Completed

00-11 Grade Completed

01- Highest School Grade in Number  
25 of Years (12=GED)

12 High School Diploma/Certificate

01- Highest School Grade in Number  
25 of Years (12=GED)

13 GED

01- Highest School Grade in Number  
25 of Years (12=GED)

14 Vocational Certificate Without HS  
Diploma/GED

01- Highest School Grade in Number  
25 of Years (12=GED)

15 Vocational Certificate and HS  
Diploma/GED

01- Highest School Grade in Number  
25 of Years (12=GED)

16 Some College

01- Highest School Grade in Number  
25 of Years (12=GED)

17 Associates Degree

01- Highest School Grade in Number  
25 of Years (12=GED)

18 Bachelors Degree

01- Highest School Grade in Number  
25 of Years (12=GED)

19 Graduate Degree

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## New York's Treatment Episode Data Set Version : 1

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### 13 Employment Status

01 Full Time  
02 Part Time  
03 Unemployed  
04 Not in Labor Force  
04 Not in Labor Force  
04 Not in Labor Force  
04 Not in Labor Force  
04 Not in Labor Force  
04 Not in Labor Force

### 14 Employment Status

01 Full Time (35+ Hours Per Week)  
02 Part Time (Less Than 35 Hours Per Week)  
03 Unemployed, Looking For Work  
04 Not in Labor Force, Homemaker  
05 Student  
06 Retired  
07 Inmate  
08 Disabled  
09 Not In Labor Force, Other

### 14 Substance Problem Codes

01 None  
05 Heroin  
06 Non-Prescription Methadone  
07 Other Opiates and Synthetics  
02 Alcohol  
15 Barbiturates  
16 Other Sedatives or Hypnotics  
10 Methamphetamines  
11 Other Amphetamines  
03 Cocaine, Crack  
03 Cocaine, Crack  
12 Other Stimulants  
04 Marijuana, Hashish, THC  
08 PCP  
09 Other Hallucinogens  
13 Benzodiazepines  
14 Other Tranquilizers  
17 Inhalants  
18 Over-the-Counter  
20 Other

### 27 Substance(s) Abused (Type)

00 None  
01 Heroin  
02 Methadone  
03 Other Opiates/Synthetics  
04 Alcohol  
05 Barbiturates  
06 Other Sedatives or Hypnotics  
07 Methamphetamine (e.g. Ice)  
08 Amphetamine  
09 Crack  
10 Cocaine  
11 Other Stimulants  
12 Marijuana  
13 PCP  
14 Other Hallucinogens  
15 Benzodiazepine  
16 Other Tranquilizers  
17 Inhalants  
18 Over The Counter  
98 Other

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Minimum  
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No. Treatment Episode Data Set Value State System Data

<b>15</b>	<b>Usual Route of Administration</b>	<b>27</b>	<b>Route Of Administration</b>
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection
20	Other	8	Other

<b>16</b>	<b>Frequency of Use</b>	<b>27</b>	<b>Frequency Of Use</b>
01	No past month use	1	No Past Month Use
02	1-3 times in past month	2	1-3 Times In Past Month
03	1-2 times per week	3	1-2 Times Per Week
04	3-6 times per week	4	3-6 Times Per Week
05	Daily	5	Daily

<b>17</b>	<b>Age of First Use or Alcohol Intoxication</b>	<b>-</b>	<b>Age Of First Use Or Intoxication</b>
00	Newborn with substance abuse problem	00	Newborn
00-96	Range of Age	00-98	00-98

<b>K 18</b>	<b>Services</b>	<b>-</b>	<b>Modality And Environment</b>
05	Long-term, >30 days	(E)30	Drug Free Residential
06	Intensive Outpatient	(E)40	Ambulatory Intensive
07	Outpatient	(E)50, Outpatient (M)	
08	Detoxification	(E)50, Outpatient Detox (M)10	
01	Hospital Inpatient	(M)10 Acute Care Detox (Hospital Based), (E)20	
02	Free-standing Residential	(M)10 Residential Detox, (E)30	



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<b>19</b>	<b>Use of Methadone Planned as Part of Treatment</b>	-	-	
1	Yes		1	Yes
2	No		2	No
7	Unknown		9	Unknown

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**Optional**

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<b>1</b>	<b>Detail Drug Code, Primary</b>	-	<b>Not Collected</b>
<b>2</b>	<b>Detail Drug Code, Secondary</b>	-	<b>Not Collected</b>
<b>3</b>	<b>Detail Drug Code, Tertiary</b>	-	<b>Not Collected</b>
<b>4</b>	<b>Substance Abuse Diagnosis Based on DSM III-R Criteria</b>	-	<b>Not Collected</b>
<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	<b>22</b>	<b>Mental Health Related Conditions</b>
1	Yes	1	Yes
2	No	2	No
7	Unknown	9	Unknown
<b>7</b>	<b>Veteran Status</b>	<b>13</b>	<b>Veteran Status</b>
1	Yes	1	Yes
2	No	2	No
7	Unknown	9	Unknown

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Optional

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No.	Treatment Episode Data Set	Item	Value	State System Data
<b>8</b>	<b>Living Arrangements</b>	<b>18</b>	<b>Type Of Residence</b>	
03	Independent Living	01	House, Apartment, Condo, Co-Op, Mobile Home	
01	Homeless	02	Homeless; No Shelter	
01	Homeless	03	Homeless; Shelter	
03	Independent Living	04	Single Resident Occupancy	
02	Dependent Living	05	Alcoholism Community Residence	
02	Dependent Living	06	MH/MRDD Community Residence	
02	Dependent Living	07	Institution Other Than Above	
02	Dependent Living	08	Other Group Residential Setting	
03	Independent Living	09	Other	
97	Unknown	99	Unknown	
<b>9</b>	<b>Primary Source of Income or Support</b>	<b>15</b>	<b>Primary Source Of Income At Admission</b>	
01	Wages/Salary	01	Wages/Salary	
20	Other	02	SSI	
02	Public Assistance	03	Home Relief	
02	Public Assistance	04	AFDC	
04	Disability	05	Veterans Administration	
20	Other	06	Alimony/Child Support	
20	Other	07	Family And/Or Spouse Contribution	
20	Other	08	Other	
21	None	09	None	
<b>10</b>	<b>Health Insurance</b>	<b>-</b>	<b>Not Collected</b>	
<b>11</b>	<b>Expected Primary Source of Payment for This Treatment Episode</b>	<b>-</b>	<b>Not Collected</b>	

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K = Key Field  
Item

**Optional**

New York

No. Treatment Episode Data Set Item Value State System Data

## 12 Detailed Not in Labor Force

01 Homemaker  
02 Student  
03 Retired  
05 Inmate of Institution  
04 Disabled  
06 Other

## 14 Employment Status

04 Homemaker  
05 Student  
06 Retired  
07 Inmate  
08 Disabled  
09 Other

## 13 Detailed Criminal Justice Referral Categories

07 DUI/DWI  
04 Recognized Legal Entity (other than above)  
03 Probation/Parole  
03 Probation/Parole  
04 Recognized Legal Entity (other than above)  
06 Prison  
03 Probation/Parole  
97 Unknown

## 11 Principal Referral Source

22 Drinking Driver Referral  
23 Police  
24 Family Court/Probation  
25 Other Court/Probation  
26 County Jails  
27 NYS Dept Of Correctional Services  
28 NYS Div Of Parole  
99 Unknown

## 14 Marital Status

01 Never Married  
02 Now Married or Cohabiting  
02 Now Married or Cohabiting  
05 Widowed  
03 Separated (legally or otherwise absent)  
04 Divorced

## 16 Marital Status

1 Never Married  
2 Married  
3 Living As Married  
4 Widowed  
5 Separated  
6 Divorced

## 15 Time Waiting to Enter Treatment

- Not Collected

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report